

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

11/629472

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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42		(1)				
43		(1)				
44		(1)				
45		(1)				
46		(1)				
47						
48						
49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	95	←		←		←
TOTAL CLAIMS	96					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	45	←		←
TOTAL CLAIMS			46			